

Mud Daubers 2025 Summer Art Camp

About the camp

Discover the world of construction and design at this year's Mud Daubers Summer Art Camp! Through a variety of hands-on projects, campers will learn how to plan and execute their designs while discovering materials such as printmaking, ceramics, animation, and mixed media. Campers will be encouraged to use their imaginations to build, tell stories, and explore the world around them. This summer camp helps young artists to develop their creative confidence while enhancing their problem-solving skills. <u>Due to the nature of this camp,</u> <u>campers will need to include information about any allergies</u> - <u>especially shellfish, cockroach,</u> <u>grass, ants and bees.</u>

2. Camp Hours:

Art camp is a 4 hour program from 10 am - 2 pm held Monday through Friday; the week ends on Friday with an art reception featuring camper's artwork.

3. Camp Sessions

Mud Daubers Summer Art Camp is designed for children ages 6-14; children ages 5 and under will not be admitted. Camp is limited to twenty students per week in order to provide one-on-one art instruction. Sessions are designed to accommodate campers within a specific age range and include projects that meet their artistic skill level. Activities include both indoor and outdoor playtime as well as tours of the museum. Please ensure your child wears closetoed shoes and comfortable clothing in which they can play, move, and paint in. Campers must pack a lunch and snack every day to eat during supervised breaks.

4. Reservation and Payment:

Camp fee: \$225 for non-members, members receive 10% off.

A \$50.00 deposit or full payment per child must be included with the enrollment application.

** All materials and instruction are covered in the class fee

ALL BALANCES MUST BE PAID BY 4:00 PM ON THE FRIDAY BEFORE THE FIRST DAY OF CAMP. Registration is on a first-come, first-served basis. Registration is not complete until both payment and application are received.

Pay Online: www.georgeohr.org

Pay by Mail : Ohr-O'Keefe Museum of Art *Attn: Front Desk*, **386 Beach Boulevard Biloxi, MS 39530.**

Pay by Phone: (228) 374-5547

Pay in Person: Museum Welcome Center - 386 Beach Boulevard Biloxi, MS 39530

**Please send your application to info@georgeohr.org.



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Pate of Birth:
ge: Gender:
chool Child Attends
lailing Address:
ity Zip
lome Phone: Cell Phone:
Vork Phone: Preferred contact method:
mail Address:
lethod of Payment:
aying with Credit Card Check enclosed Payed in Person hr-O'Keefe Museum Member? (circle one) Yes / No

Please Select the Week for which you are enrolling:

Week 1: June 16th to June 20th – World of Entomology

Ages 6 - 9, 10 a.m. - 2 p.m. Reception: Friday June 20th at 2pm Students will exhibit their work on the last day of camp at the reception. Cost: \$200 members/\$225 non-members

Week 2: June 23rd to June 27th – World of Entomology

Ages 10 - 14, 10 a.m. - 2 p.m. Reception: Friday June 27st at 2pm Students will exhibit their work on the last day of camp at the reception. Cost: \$200 members/\$225 non-members

Week 3: July 7th to July 11th – World of Entomology

Ages 10 - 14, 10 a.m. - 2 p.m. Reception: Friday July 11th at 2pm Students will exhibit their work on the last day of camp at the reception. Cost: \$200 members/\$225 non-members



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The people listed below are authorized to retrieve your child from the Museum, with photo ID. All persons picking up a child must show a valid photo ID at pick-up each day. Any unnamed spouses, guardians, step-parents, or partners will not be allowed to retrieve campers from camp.

Guardian 1:	
RELATIONSHIP:	PHONE:
Guardian 2:	
RELATIONSHIP:	PHONE:
Guardian 3:	
RELATIONSHIP:	PHONE:

Please list any special information concerning your child's growth and development, any special needs and/or food allergies:

CARE AGREEMENT:

The facility has my permission to obtain emergency medical treatment for my child. Parent will be notified prior to treatment if possible. YES NO If NO, list instructions:

Name/Location of physician:	
Phone:	

Please list 2 contacts other than parent/guardian to contact in case of emergency:

Name:	Phone:
Relationship:	

Name: _____ Phone: _____ Phone: _____

PHOTOGRAPHY PERMISSION:

My child may be photographed/videotaped at the facility: Yes No My child may be photographed/videotaped by the media: Yes No I have reviewed and agree to the information concerning the facility's policies and procedures listed above and available at the website www.georgeohr.org.

Signature of parent or guardian: